

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO. **10/069357**

FILED DATE

APPLICANT(S)

10-22-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
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15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		1			1	
25				1		1
26				1		1
27				1		1
28				1		1
29				1		1
30				1		1
31				1		1
32				1		1
33				1		1
34				1		1
35				2		2
36				1		1
37				1		1
38				1		1
39				1		1
40				1		1
41				1		1
42				2		2
43				2		2
44				2		2
45				2		2
46				2		2
47				2		2
48				2		2
49				2		2
50				2		2
TOTAL IND.	1		1			
TOTAL DEP.		32				
TOTAL CLAIMS		33				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		1
52				2		2
53				2		2
54				2		2
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						32
TOTAL CLAIMS						33

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS